

A COMPLICATED CASE OF NEURO-MUSCULAR DISEASE.

A peculiar case of amyotrophia is described by Dr. G. Kobler in the "Medicinisch-chirurgische Rundschau." The patient, a small boy, eight years old, had suffered during the first years of his life from an attack of acute poliomyelitis. His appearance at the time of the report showed paralysis, marked atrophy, with loss of electrical irritability in the deltoid, biceps, brachialis, pectoralis, trapezius, rhomboideus and latissimus dorsi of the right side. Further examination showed increase in the volume of the muscles of the right lower extremity, with no diminution in the strength. There was a history of pseudo-hypertrophy of the upper extremity as well as of the lower, which had persisted for three years, the only remains of which was the present existing hypertrophy of the right thigh. In summing up the successive symptomatic phenomena in the case the author concluded that (1) the case was one of old poliomyelitis; (2) that there was progressive atrophy of the muscles of the shoulder; (3) that there was a genuine primary myopathic hypertrophy of the muscles of the right thigh, and (4) that the spastic phenomena depended upon the spinal lesion. Kobler attempts to explain this complexity of symptoms by citing a single case, reported by another author, in support of his theory. This case was that of a young child in whom the poliomyelitis persisted for three years, and was followed by various nervous disturbances, particularly the development of atrophies. He was convinced that the disease was the outcome of a vulnerability of the entire muscular apparatus. B. M.

THE COMBINATION OF FUNCTIONAL NEUROSES WITH ORGANIC DISEASES OF THE NERVOUS SYSTEM.

H. Oppenheim recently read an interesting paper with the above title before the Berlin Society of Psychiatry and Nervous Diseases. The paper and discussion upon it appear in the Neurol. Centralbl., Aug. 15, 1890.

The reader reported eleven cases in which there was a combination of hysteria with either multiple sclerosis, spinal gliosis, cerebral syphilis, or facial paralysis. In the first case there were the usual symptoms of multiple sclerosis, *i.e.*, septic paresis of the lower extremities, uncertain, heavy gait, partial optic atrophy, nystagmus, slowness of speech

and lessening of sensibility of the extremities. In addition to these symptoms, Oppenheim noticed in the patient, a female, a continual rhythmical tremor of the right upper extremity. This symptom could not be attributed to the multiple sclerosis and it was thought to be purely hysterical. As a matter of fact, the tremor ceased at once under the influence of hypnotic suggestion, nor did it afterward return, in spite of the steady progress of the organic disease. Oppenheim is not sure whether the disturbances of sensibility were due to the sclerosis or were of an hysterical nature.

In another case the origin of the functional neurosis through psychic infection was clearly evident. A fourteen year old girl, suffering from multiple sclerosis, was in the same ward with another girl, a case of tic convulsif. The latter was at times forced by her disease to make spasmodic shaking movements with the arms, and to stamp with the right foot. One day, on entering the ward, Oppenheim found the sclerosis patient apparently attacked with the same symptoms; she shook her arms continually and stamped with her right foot. These imitated symptoms rapidly disappeared under psychical treatment, though the multiple sclerosis naturally continued its course.

In two of Oppenheim's cases, hysteria appeared in connection with spinal gliosis. The first of these, a woman 39 years old, had suffered from the age of 12 with migraine. After reaching adult life she began to have cataleptic attacks, and later hysterical convulsions, accompanied with slight temporary paresis and disturbances of sensibility. About a year before admission to the hospital the patient noticed a gradually increasing weakness of the right leg and arm and an inability to judge of the temperature of water with the left hand. Oppenheim, on examination, found a paresis of the right arm, atrophic weakness of the interossei with marked diminution of electrical excitability and fingers contracted in flexed position. There was also spastic paresis of the legs, especially of the right. The left hand was covered with cicatrices caused by burns, showed marked anæsthesia and almost total loss of the temperature sense; the same was true of the left side of the trunk.

In addition there was right hemiatrophy of the tongue with diminished electrical reaction.

The second case was similar to the above, but both the neurosis and the spinal gliosis were apparently of traumatic origin.

In four cases hysteria was combined with symptoms of cerebral syphilis. Oppenheim does not give the details of the cases, but states that in one the diagnosis was confirmed by autopsy.

Oppenheim's paper concluded with the report of three cases in which he made the diagnosis of peripheral facial paralysis combined with hysterical hemianæsthesia. The combination is a rare one and might easily lead to errors in diagnosis. The first case was that of a shoemaker, 18 years old, who had suffered from headaches since childhood. His brother was an epileptic and others of the family were of neurotic temperament. The patient, after exposure to cold, was suddenly affected with paralysis of the left facial nerve. He complained also of pain in the left temple and said that he did not see properly with the left eye. These symptoms inclined Oppenheim to suspect an organic disease of the brain, especially when he found anæsthesia in the region supplied by the fifth nerve of the left side. Ophthalmoscopic examination, however, of the left eye, showed the fundus to be normal. There was, on the other hand, a marked concentric narrowing of the visual field for white and colors, to a slight degree also in the right eye. The sense of smell was normal on both sides and also the sensibility of the nasal mucous membrane. On application of the magnet followed by static electricity, the hemianæsthesia as well as all other symptoms disappeared. The field of vision also became normal and the paralyzed facial muscles gradually recovered their tone. The other two cases were similar to the above.

In the discussion following Oppenheim's paper, Remak, Mendel and Bernhardt said that they also had seen hysteria combined with multiple sclerosis, and also with pseudo-hypertrophic paralysis and toxic neuritis. They agreed with Oppenheim that in his cases the facial paralysis was the exciting cause of the hysterical hemianæsthesia.

PARALYSIS OF THE LARYNGEAL MUSCLES OCCURRING IN THE COURSE OF TABES.

R. Dreyfuss (Virchow's Archiv, Bd. cxx., p. 154) reports the results of his examination of the larynx in twenty-two patients affected with tabes. In two he found disturbances in the larynx, which could be considered in direct relation with the nervous condition. In both cases the vocal cords were not sufficiently separated during respiration, scarcely reaching the cadaveric position, and in the deepest inspira-